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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	See Schedule A 09/6701705
Filing Date	See Schedule A
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	1663-GEN

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has requested the files listed in the attached Schedule A be transferred to new ~~Attorney~~ *Attorney*.

Approved
Signature
Jacqueline M. Stone, Director
Technology Center 1700
OCT 1 2004

CORRESPONDENCE ADDRESS

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☐ Change the correspondence address and direct all future correspondence to:

☒ Customer Number 45069
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Fred H. Zollinger, III				
Address	6370 Mt. Pleasant Ave. NW				
Address	P.O. Box 2368				
City	North Canton	State	OH	ZIP	44720
Country	US				
Telephone	330-526-0104	Fax	1-866-311-9964		

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number 27542

This request is enclosed in triplicate (including any attachments).

Name	Joseph A. Sebott		
Signature	<i>Signature</i>	Registration No.	35,352
Date	8/18/04		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.